

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received

Date Received  
Official Use Only

APR - 1 2011

Human Resource Division

Please type or print in ink.

NAME OF FILER

(LAST)

Mixon

(FIRST)

Peter

(MIDDLE)

Harrison

1. Office, Agency, or Court

Agency Name

Cal. Public Employees' Ret. System

Division, Board, Department, District, if applicable

Your Position

General Counsel

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_

Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 2

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California \_\_\_\_\_

Date Signed

April 1, 2011  
(month, day, year)

S \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <div style="background-color: black; width: 100px; height: 20px;"></div>
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- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>Natl. Assn. of Public Pension Attlys.</u>	
ADDRESS (Business Address Acceptable) <u>7248 Land Park Drive</u>	
CITY AND STATE <u>Sacramento, CA 95831</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>educational trade association</u>	
DATE(S): <u>2/2/10</u> - ____/____/____ AMT: \$ <u>125</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>meals; service on</u> <u>Executive Board of Directors Board Meeting</u>	

▶ NAME OF SOURCE <u>Natl. Assn. of Public Pension Attlys.</u>	
ADDRESS (Business Address Acceptable) <u>(see above)</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>(see above)</u>	
DATE(S): <u>6/24/10</u> - ____/____/____ AMT: \$ <u>120</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>meal; Board meeting of</u> <u>Executive Board of Directors</u>	

▶ NAME OF SOURCE <u>Natl. Assn. of Public Pension Attlys.</u>	
ADDRESS (Business Address Acceptable) <u>(see above)</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>(see above)</u>	
DATE(S): <u>11/4/10 - 11/5/10</u> AMT: \$ <u>100</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>meals; Board meeting of</u> <u>Executive Board of Directors</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \_\_\_\_\_